

West Virginia Board of Medicine

RENEWAL

Application for biennial registration of certificate of authorization to practice medicine and surgery as a Medical PLLC in the State of West Virginia

(Please type or print changes, corrections or additions)

For The Period one year from filing date 7/1/06 - 6/30/07

Certificate of Authorization Number:

Date Issued:

PLLC Name:

Name Changed To: _____ Date: _____

Trade Name Added: _____ Date: _____

Main Office Address:

Change To: _____
Street Address (not just P O Box)

County

City

State

Zip

Telephone:

Fax:

e-mail:

New Tel: _____ New Fax: _____ New Email: _____

FEIN:

Add or Correct FEIN: _____

PLLC Members (Must be all MD's or DPM's depending on type of corporation):

Name: _____ WV Lic #: _____ Check Current Status in Corporation:
Address: _____ Active ☐ Terminated ☐
End Date: _____

Signature: _____

Name: _____ WV Lic #: _____ Check Current Status in Corporation:
Address: _____ Active ☐ Terminated ☐
End Date: _____

Signature: _____

(Add additional members on the reverse of this form.)

President MD Secretary MD

President's Signature

NOTE: If name change or new trade name is filed,
please attach certificate from Secretary of State.

**Mail Application, 2006 Annual Report, and Biennial Registration fee of \$100 to the
West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV 25311**